

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
 DFAS Accounts Payable (A/P)
 P.O. Box 1643
 Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT _____	PAPER _____	VENDOR#:

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]
--	-------------------------

CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
February 2018 Payment

DFAS USE ONLY--DO NOT WRITE/MARK BELOW

ENCUMBER:		DATE:	
PURCHASING:			
PO#	COMM LINE:	INIT/DATE:	
ACCOUNTS PAYABLE			
DATA ENTRY:		APPROVAL:	